DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/22/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A050	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/07/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	110 HOSPITAL LN AFTON, WY 83110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type II (111) single story building with a complete supervised automatic wet sprinkler system and fire alarm system with a 2-hour fire barrier separating the care center from the hospital K6: Date of Plan Approval: 1996 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=24;NF=24 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	ACCEPTANCE OF THIS POC WITH LEAD PINTOR, NHA ON S/V/06 @ 5:30PM VIA TELECONFERENCE.	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jean Pinter RN	Administrator	27 Feb 06

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to protect the corridor system in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. At 8:51 AM on 02/07/06, the corridor door to resident room #202 was impeded from closing by a ceramic lion. 2. At 9:21 AM on 02/07/06, the door to the dietary managers office had a gap greater than the allowed 1/8 inch between the top edge of the door and the door frame.	K 018	The corridor door #202 has been adjusted so that the door will stay open without propping. D.O.N. and maintenance leader will monitor doors. The gap in the dietary manager's office door has been corrected and sealed with fire rated tape to resist the passage of smoke. Maintenance will monitor for gaps in doors.	03-10-06 03-10-06
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations, the facility failed to	K 050	We will send a digital picture showing corrections.	

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K 050	Continued From page 2 maintain means of egress free of all obstructions in the case of fire or other emergency in accordance with NFPA 101 Section 19.7.1.2 and 7.1.10.1. The finding was: 1. At 11:02 AM on 02/07/06, during the fire drill a housekeeping cart was left in the corridor near resident room #209.	K 050	The housekeeping staff was in-serviced on 2-22-06 to get housekeeping carts out of halls when fire alarm sounds. The halls must be free of all obstructions. D.O.N. will monitor this, Maintenance personnel will monitor when doing fire drills.	02-24-06
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observations, the facility failed to test 1 of 8 portable fire extinguisher in accordance with NFPA 10 Section 4-4.3. The finding was: 1. At 8:15 AM on 02/07/06, the maintenance tag on the back of the portable ABC type fire extinguisher in the activities area indicated the last maintenance occurred 1996. The extinguisher had not received a hydrostatic test 6 years after the last maintenance was performed as required by the Code.	K 064	The fire extinguisher will have the hydrostatic test completed. Maintenance will see that extinguishers are maintained. We will send a digital picture showing corrections.	03-10-06
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by:	K 147		

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K 147	Continued From page 3 Based on observations, the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 400-8 and 110-27 respectively. The findings were: 1. At 8:24 AM on 02/07/06, the electrical receptacle near the corridor door in resident room #213 had a 3-way adapter with three appliances drawing power from it. There were not enough permanently wired electrical receptacles in the area. 2. At 8:29 AM on 02/07/06, the electrical cord to the bed in resident room #215 was damaged at the plug. The cord's inner insulation was visible. 3. At 8:36 AM on 02/07/06, the face plate to the electrical receptacle near the corridor door in resident room #219 was damaged.	K 147	The electrical receptacle has been replaced in room #213 with approved electrical receptacle. Maintenance will see that approved adapters will be used in the future. We will send a digital picture showing correction. The electrical cord in room #215 has been repaired. The face plate in room #219 has been replaced. D.O.N. and maintenance leader will monitor rooms for proper electrical safety. We will send a digital picture showing correction.	03-10-06 03-10-06 03-10-06